

## Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

**Voucher Number : 01190188**

USAS Doc Number :

**TCode : AP-225-STD**

Origin : ONL

**Payee ID/Check/Mail : 1742757919/2/000**

**Payee Name / Address:**

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK, TX 786802050

Freight Amount: \$0.00

Gross Amount (includes Frt.):	\$98,875.69
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Discount Amt Taken: \$0.00

Payment Amount:	\$98,875.69
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FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 JAN2017 (Contract	\$98,875.69			
<u>ShipTo ID</u>		<u>Non-HHSAS Cntrct ID</u>		JAN2017	529-16-0132-00006 Te)				
1326					<div>Invoice DT: 02/28/17</div> <div>Req't'd Pay DT: 03/06/17</div> <div>Inv Recv'd DT: 02/28/17</div> <div>Pay Due DT: 03/30/17</div> <div>Service DT: 01/31/17</div> <div>P O DT:</div>				
<u>Contract #</u>		<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>				
529-16-0132-00006		N							
	<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>
1.1	762300		0001	MHTWG	1011P	03150	2017	GR	\$98,875.69
Open Item Key:							Conf:N	Certified Amt: 0.00	

**Descriptive Legal Text (DLT Comments):**

DOS: 012017

**I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.**

**Approved By**

**Approver Phone(Area+Number)**

**Date Approved**

DateEntered into HHSAS

**Gonzalez, Maria Gina (ONL UID)**

**Approved By**

**Approver Phone(Area+Number)**

Date Approved \_\_\_\_\_

Entered By

**Contact Name**

Contact Phone(Area+Number)

Health & Human Services  
Commission  
**PURCHASE VOUCHER**

STATE OF TEXAS

(Shaded areas not used by Agency 529)

**RECEIVED**  
FEB 28 2017  
HHSC Accounting Ops

Page 1 of 1

2. Agency number <b>529</b>		3. Agency name <b>Health &amp; Human Services Commission</b>		4. Current document number <b>401190188</b>	
9. Texas identification number <b>17427579192000</b>		10. PDT <b>14</b>		12. Purchase Order number <b>0000096282</b>	
13. Document amount <b>\$98,875.69</b>		8. Doc agency <b>529</b>		17. AGENCY USE	
14. Payee name / address <b>The Heidi Group PO Box 2050 Round Rock, TX 78680-2050</b>					
18 SFX <b>001</b>		FY <b>7623</b>		Amount	
DeptID/Speedchart <b>MHTWG</b>		Invoice date		Invoice number / Account Number	
Requested Payment Date <b>3 days</b>		Interest Control		Reason Code	
18 SFX <b>001</b>		FY		Amount	
DeptID/Speedchart		Invoice date		Invoice number / Account Number	
Requested Payment Date		Interest Control		Reason Code	
18 SFX <b>001</b>		FY		Amount	
DeptID/Speedchart		Invoice date		Invoice number / Account Number	
Requested Payment Date		Interest Control		Reason Code	
19. SERVICE / DEL DATE <b>January 2017</b>		20. DESCRIPTION OF GOODS OR SERVICES <b>Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group  Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity: non profit corporation</b>		23. AMOUNT <b>98,875.69</b>	
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by	
Vendor Contact Name <b>Carol Everett</b>		Phone (Area code and number) <b>512-255-2088</b>			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE		Printed Name		Phone (Area code and number)	
Agency Approver SIGN HERE		Printed Name		Phone (Area code and number)	
<b>Kim Relph</b>		<b>Kim Relph</b>		<b>512-776-6443</b>	
				<b>2/28/2017</b>	

Form 4116 02/2015

*mw 2/28/17*

**Texas Health and Human Services Commission  
Form B-13H**

Agency Name: The Heidi Group

**Supporting Schedule for Healthy Texas Women Reimbursement Vouchers**

	Column A	Column B	Column C
1	Total Allowable HTW Cumulative Expenses Incurred: "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	January 2017	478,010.54
2	Program Income (Cumulative):		
3	HTW Fee-For-Service Reimbursements from TMHP	39,579.26	
4*	Sub Total - Program Income →→→→→		39,579.26
5*	Gross Cumulative HTW Reimbursable Expenses		438,431.28
6	Total Award Amount of the HTW Categorical Contract	1,649,531.00	
7*	Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	Net Cumulative HTW Reimbursable Expenses		438,431.28
9	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		339,555.59
10*	Gross Reimbursement Requested this Voucher		98,875.69
11	Less: Refunds or Other Adjustments (if any)		0.00
12*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		\$98,875.69
13*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

\* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	2/22/2017
Carol Everett	512-255-2088

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report*

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order
Net 30	FOB Dest. Prepaid & All	BEST WAY	52900-7-0000096282
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 1
			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

**Vendor:** 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

**Bill To:** Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

**Purchaser:** Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006  
Purchase Order Term: 7/15/2016 - 8/31/2017  
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73  
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

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Agency Contact: Camille Laosebikan  
Phone: 512-776-3561  
Email: Camille.laosebikan@hhsc.state.tx.us

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HHS-PCS Purchasing Contact: Carol Marshall, CTPM  
Phone: 512-406-2476  
Email: carol.marshall2@hhsc.state.tx.us

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PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2017	1.00 LOT	1,099,731.00000	1,099,731.00	09/22/2016
	952-58				

**Schedule Total** 1,099,731.00

Contract ID: 529-16-0132-00006 Contract Line: 0 Release: 2

**Item Total for Line 1** 1,099,731.00

**Total PO Amount** 1,099,731.00

# Health & Human Services Commission

## Purchase Order

CHANGE ORDER

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & All	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> 52900-7-0000096282
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Revision</b> 1 - 10/11/2016
			<b>Page</b> 2

**Vendor:** 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

**Ship To:** Contract Oversight & Support  
HEALTH & HUMAN SERVICES COMMISSION  
1100 W 49th St  
PO Box 149347  
Ste M550  
Austin TX 78756  
United States

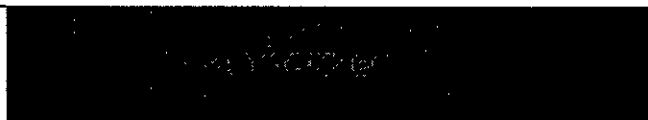
**Bill To:** Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

**Purchaser:** Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.



## **Wilkins, Millicent (HHSC)**

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**From:** Relph, Kim H (HHSC)  
**Sent:** Tuesday, February 28, 2017 1:23 PM  
**To:** HHSC AP  
**Subject:** Voucher Approval - HTW - South Plains Rural 012017  
**Attachments:** HTW JAN 2017 HHSC B-13H.xls; HTW JAN 2017 HHSC Voucher G Yr17.xls

This voucher is coded and approved for encumbered payment. Thank you.

*Kim Relph, Contract Specialist*

Health & Human Services, Austin TX  
Medical & Social Services Division  
Office of Women's Health & Educational Services  
Contract Management Branch, Mail Code 1326  
Morton Building, M-383  
phone: 512-776-6443

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**From:** HHSC Women's Health Services (WHS) Finance  
**Sent:** Friday, February 24, 2017 9:46 AM  
**To:** Relph, Kim H (HHSC) <[Kim.Relph@hhsc.state.tx.us](mailto:Kim.Relph@hhsc.state.tx.us)>  
**Subject:** FW: HTW JAN 2017

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**From:** Kay Whitley [<mailto:kwhitley@sprhs.org>]  
**Sent:** Thursday, February 23, 2017 4:10 PM  
**To:** HHSC Women's Health Services (WHS) Finance <[WHSFinance@hhsc.state.tx.us](mailto:WHSFinance@hhsc.state.tx.us)>  
**Cc:** 'Tara Haskell' <[thaskell@sprhs.org](mailto:thaskell@sprhs.org)>; 'Judith Madura' <[jmadura@sprhs.org](mailto:jmadura@sprhs.org)>  
**Subject:** HTW JAN 2017

Thank you.

*Kay L Whitley*

South Plains Rural Health Services Inc.  
1000 FM 300  
Levelland Tx 79336  
Ph 806-894-7842  
Email [kwhitley@sprhs.org](mailto:kwhitley@sprhs.org)